

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-26-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes, 64999, 64999(51), 76000WP, J3490, J2765, J3010, 99499RR, 99070ST and J7120 rendered on 2-28-03.

## II. FINDINGS

The respondent denied reimbursement based upon, “C – Based on the reported Federal Tax Identification (TIN). Reimbursed in Accordance with the First Health Network Contract (Formerly Affordable); and TR61 – The billed service/procedure appears to be a duplicate of one previously billed under a different Tax ID number.” In a letter dated 6-24-03, the insurance carrier wrote, “Per your request for payment on medications, X-Rays and recovery room charges for DOS 02/28/03. We have medical records that indicate injured worker was inpatient at a hospital on the DOS in question. No payment is due at this time to another provider of service other than for the surgery procedure already paid.

The Medical Review Division telephoned requestor’s representative on 01-28-04 to verify that a contract existed between the parties and carrier’s position that services were a duplication. \_\_\_\_\_ said that a contract did not exist between the parties, and that claimant was an inpatient at a hospital on the disputed date, but they had obtained approval from adjuster \_\_\_\_\_ to perform procedure on claimant at their facility, and then returned patient to the hospital.

The insurance carrier did not submit a response to the dispute to support their position.

Therefore, the disputed services will be reviewed in accordance with *Medical Fee Guideline*.

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-28-03	64999	\$350.00	\$139.50	C	DOP	Surgery GR (V)	Based on procedure note a Selective Nerve Root Block at L5 and S1 on the right under fluoroscopy with contrast was performed.  The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, the difference between amount billed and paid = \$210.50 is due.
2-28-03	64999-51	\$300.00	\$99.50	C	DOP	Modifier -51 Surgery GR (I)(D)(1)(b)	As stated above, the insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor

							does not exist. Per Multiple procedure rule 50% of \$300.00 = \$150.00. The difference between \$150.00 and amount paid of \$99.50 = \$50.50 is due.
2-28-03	76000WP	\$150.00	\$0.00	TR61	\$110.00	Surgery GR (V)	Based on procedure note a Selective Nerve Root Block at L5 and S1 on the right under fluoroscopy with contrast was performed.  As stated above, ___ approved procedure performed at their facility; therefore, reimbursement of \$110.00 is recommended.
2-28-03	J3490	\$10.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable.  ___ approved procedure performed at their facility; therefore, reimbursement of \$10.00 is recommended.
2-28-03	J2765	\$10.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable.  ___ approved procedure performed at their facility; therefore, reimbursement of \$10.00 is recommended.
2-28-03	J3490	\$2.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$2.00 is recommended.
2-28-03	J3490	\$32.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$32.00 is recommended.
2-28-03	J3010	\$2.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$2.00 is recommended.
2-28-03	J0702	\$7.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$7.00 is recommended.
2-28-03	99499RR	\$600.00	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$600.00 is recommended.
2-28-03	99070ST	\$202.82	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$202.82 is recommended.
2-28-03	J7120	\$17.45	\$0.00	TR61	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. ___ approved procedure performed at their facility; therefore, reimbursement of \$17.45 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$1236.82.</b>

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 64999, 64999(51), 76000WP, J3490, J2765, J3010, 99499RR, 99070ST and J7120 in the amount of **\$1236.82**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1236.82** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division